AN EXPLORATION OF BARRIERS AMONG GAMBLERS WHO SEEK RECOVERY PROGRAMS IN SPANISH

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AN EXPLORATION OF BARRIERS AMONG GAMBLERS WHO SEEK RECOVERY PROGRAMS IN SPANISH

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Alicia Rodriguez Marenco
June 2015
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Approved by:

Dr. Herb Shon, Faculty Supervisor, Social Work
Dr. Rosemary McCaslin, M.S.W. Research Coordinator
ABSTRACT

Gambling in the United States has been in existence since the 1800’s. For over two hundred years, gambling has brought in revenue and entertainment for consumers in the United States. As the population has diversified and the technology has advanced, the access to gambling has grown to be convenient and accessible for the consumer to enjoy. The purpose of this qualitative study was to explore the barriers and motivators from gamblers who sought recovery programs in Spanish. Fourteen current members of Spanish Gamblers Anonymous group were interviewed in small focus groups. The findings indicated that those who sought Spanish recovery programs underwent obstacles that where beyond finding and attending a program. Many barriers stood in their way including struggle with emotional feelings, language barriers, expectations of program, and inadequate support and resources. The majority of those interviewed did not seek the program entirely on their own behalf and the primary reason was not due to loss of money alone. This study reveals the emotional loss and personal gain from each participant. The lack of resources and poor public relations for problem gamblers who wish to attend meetings in Spanish continues to be a problem in the Inland Empire of Southern California, home of an ever growing population of Spanish speaking individuals and also home to some of the most visited casinos in Southern California.
ACKNOWLEDGMENTS

I would like to acknowledge all the U.S. Veterans who contribute to the surviving spouse program. Without your contribution my education would not have been made possible. I want to give a special thank you to my research advisor, Dr. Shon, for always adding your enthusiasm to this project. Every time I left your presence, I felt empowered and excited to conquer everything and anything! Si-Se-Puede!

To my familia and dance familia, thank you for joining me in celebrating each little success and lifting me up through each little challenge. My social work colleagues and mentors who were always available for advice, my supervisors who encouraged me, my liaisons who kept me on track, my coaches who believed in me, my counselors who patched me up and sent me back out.

To all the participants of this study: Thank you for your patience and dedication to the making of this project. Together, I believe we can achieve anything!
DEDICATION

This project is dedicated to my two guardian angels, my mother, Cecilia, who without her passion for helping gamblers who seek services in Spanish this project would not have existed and my loving husband, Douglas, who will forever live in my heart. His unconditional love and sacrifice has given me the opportunity to go on this educational journey. I remember our morning jogs and there were moments in which I felt like giving up, and then I’d feel his hand gently touch my back as he led me to the finish line. I continue to feel his hand every step of the way.

This project is also dedicated to my children, Isabella and Julian, who have been and continue to be my strength, my joy, and my biggest cheerleaders.

A quick message to all the future Marenco children who have the opportunity to read this… “In every job that must be done, there is an element of fun, you find the fun…and SNAP! The job is a game.” So get it done! xoxo– Mary Poppins 1964.
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CHAPTER ONE
INTRODUCTION

This chapter introduces gambling in the state of California, defines the "problem gambler" and informs the reader about the nature of problem gambling as it relates to mental health. Relational effects of problem gambling will be identified such as; negative effects on the family, social connections, legal issues, homelessness and substance abuse. The importance of the study and how it relates to the person's health, social and environmental factors will be described and there will be a further look into how this research study can help social work policy and research.

Problem Statement

In the state of California gambling is legal and open to residents and non-residents. Gambling is often viewed as a form of entertainment and is widely accepted in different cultures. The act to gamble is to "risk something of value in the hopes of obtaining something of greater value" (APA, 2013, p. 586). There are many forms of gambling in California, through the play of lottery tickets, race horse betting, slot machines, card games, bingo and via internet gambling. California state law and regulations recognizes under their general provisions that, "gambling can become addictive and is not an activity to be promoted or legitimized as entertainment for children and families" ("California Gambling Law," 2014, p.1).
The state of California, defines two types of problem gamblers by the severity of their addiction. The problem gambler is the gambler who continues to bet money despite their apparent losses however, continues to hold a job, their social connections and family life. The pathological gambler demonstrates gambling habits that are more severe than the problem gambler. A pathological gambler is someone who has damaged the relationships in his or her life due to the gambling addiction. As the addiction increases the gambler loses a sense of control of his or her social, economic, interpersonal, and/or legal affairs (“National Council”, 2009). According to the same report, in California, there are 227,500 people who have declared to be pathological gamblers.

The Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-5), defines gambling as a disorder with “persistent and recurrent problematic gambling behavior,” four or more of the nine criteria must be present in the last year (2013, p. 585). An individual with four to five identified criteria are considered mild problem gamblers. An individual who identifies eight to nine criteria from those listed in the DSM-5 are considered severe problem gamblers and high risk for harming their social and environmental connections (2013, p. 586). A gambler who is experiencing addictive gambling behaviors and goes into the care of social services or health practitioners will usually exhibit mild to severe criteria symptoms (2013, p. 586). High risk gamblers are recognized as pathological gamblers in research studies and the DSM-5.
Gambling addiction is a public health concern. The gambler with a persistent problem and lack of support often discloses co-occurrences with other mental health disorders and substance abuse. In a large study that identified a group of pathological gamblers, many also disclosed alcohol, drug and nicotine abuse. Also, commonly found with gambling addiction are symptoms of mental health disorders such as; depression, anxiety and mood disorders and personality disorders (Petry, Stinson, & Grant, 2005). A Canadian survey from a community health care discovered an alarming high suicide risk among people who experience gambling addictions. One out of five people with gambling addictions disclosed having suicidal ideations (Marshall & Wyne, 2003).

When a person is addicted to gambling, negative feelings of guilt, shame, anger, and sadness set in after acknowledging their losses. Those feeling often are manifested onto their family members, social network and community (Ferris & Wynne, 2001). According to a Productivity Commission report, for every person with a gambling addiction at least five people in their social circle are indirectly impacted by the disorder (Productivity Commission, 1999). Families are often torn apart by gambling addictions due to economic stress and hardship, trust and lack of responsibility issues, violence, or depression (Ferris & Wynne, 2001).

Legal issues and homelessness may also ensue after great economic losses. Problem gamblers are at risk for low judgment due to high stress and may become involved with legal issues to support their gambling addictions.
(Toce-Gerstein, Gerstein, and Volberg, 2003). Many interpersonal relationships are destroyed due to lies, deception, and lending of money to feed the need of the addiction (Grant Kalischuk et al. 2006). The community may suffer from robberies, theft and homelessness due to the person’s addiction. Problem gambling may also lead to dangerous and addictive behaviors such as alcohol, substance abuse, prostitution, robbery, theft, and suicide (Elia & Jacobs, 1993).

Purpose of the Study

The purpose of this study is to explore the barriers among U.S. gamblers who seek recovery programs in Spanish. The researcher would like to gather insight from individuals and focus groups by asking a series of questions regarding their struggles. The first series of questions will explore any barriers upon entering a Spanish recovery program. The second series of questions will explore barriers from gamblers while attending a Spanish recovery program. The third set of questions will be to gain suggestions from the group regarding the sustainability of Spanish recovery programs and their barriers.

It is important for social workers and health practitioners to explore this information from current members of Spanish recovery programs for the purpose of gaining an understanding of the barriers one has upon entering a program, the possible triggers and set-backs, and to gain insight on how to improve the quality and outreach of recovery programs. Consumers with possible need for services in the Inland Empire are at greater risk because there is a lack of Spanish recovery programs (“Gamblers Anonymous” 2014). The lack of Spanish recover
programs is largely due to unsuccessful sustainability (D. and V., Spanish Gamblers Anonymous members, personal conversation, February 16, 2014).

Self help groups, such as Spanish Gamblers Anonymous (SGA) programs are important to remain open in cities and counties that house casinos and/or have a large population of Latinos because problem gambling without treatment can lead to greater issues and could impact not only the person, but the community. Issues, such as a person’s mental state, their family system, economic system, and social system, could negatively impact the person.

Problematic gamblers are identified in the 5th edition of the Diagnostic Statistical Manual of mental health exhibiting symptoms related to stress, depression, suicidal ideation and anxiety (APA, 2013, p. 586). The results from spending all their money, losing employment, family or friends due to the addiction may leave the gambler feeling depressed, penniless and in some cases homeless (Marshall & Wynee, 2003; Shaffer & Korn, 2002).

Mental health services and health care practitioners may need to get involved to help a person identify and assess the problem, and assist in managing symptoms associated with problem gambling. Social workers who assess families of problem gamblers for risk and protective factors must first understand how problem gambling affects the family. A problem gambler may not always be the one that seeks help. As the increase of risk, signs or symptoms of their declining mental health begin to unfold, it is not until they have lost everything, often times leading to suicidal attempts or ideation that they seek
help (Nower & Blaszczynski, 2008). As the problem of gambling increases, potential risk factors also increase such as child abuse, general child neglect and poor parenting (Repetti, Taylor, & Seeman, 2002).

The Department of Children and Family services may have to intervene in a family case with a problem gambler due to neglect, while the parent gambles or domestic violence due to financial stress (Grant & Kim, 2002). Severe child neglect; maltreatment and trauma are among the high risk factors found in households of problematic gamblers (Felsher, Derevensky, & Gupta, 2010; Hodgins et al., 2010). Partners of problem gamblers often report stress in the relationship due to constant dishonesty and deceitfulness associated with gambling (Corney & Davis, 2010; Patford, 2009, Tepperman et al., 2006). Gambling addictions break families apart, often leaving a trail of lies from the person with the gambling problem and hopelessness from the family who no longer understands how to help (Corney & Davis, 2010; Dickson-Swift et. al., 2005; Patford, 2009).

The results of this study may contribute to social work practice by assisting social work practitioners and clinicians in working with problem gamblers who would benefit from attending a Spanish recovery group. A further understanding of the client’s perspective regarding negative effects on the family can be used to employ new strategies to help reduce stigma among Spanish speaking individuals who wish to seek help. Further understanding of the attitudes regarding asking for outside help from resources by Spanish-speaking
gamblers will help increase support groups among Spanish speaking communities, and implement policies that are best-fit for client population to protect families from future problem gambling issues.

California gambling policy states that gambling organizations must pay into programs to help with those with problem gambling. One hundred dollars per gambling table must be paid into the State Department of Public Health. From the state, the money is distributed to the Gambling Addiction Program Fund, for direct community resources and aid to assistance those with gambling addictions (“California Gambling Law,” 2014, p.56). The policy in the California Gambling Law of 2014, indicates that programs need to be available for those who have a problem with gambling however, it fails to require pre-intervention programs to help educate the public about the dangers of gambling addictions.

This study will contribute to social work practice, policy and research by capturing the stories from a group of self identified problem gamblers as they describe their personal pre, during and post experience regarding seeking help. The focus of the research project will be on the assessing and planning phase of the generalist intervention process. When social workers and clinicians are in contact with a possible problem gambler, it is imperative to understand the diagnosis, the beliefs and attitude from a problem gambler’s perspective before, during and after enrollment, and to gain insight on how to change programs to best fit the client’s needs.
During the assessment phase, following engagement, the social worker must, “acquire an understanding of a problem, what causes it, and what can be changed to minimize or resolve it” (Barker, 2003, p. 30). Assessments can be attained from the perspectives of the individual or family and friends. Culture and customs are an important component of the assessment process because strengths and needs may look and act unique from person to person (Rauch, 1993). Mental health symptoms such depression, anxiety, insomnia, or mania may be disclosed or apparent during assessment. Evidence based instruments can be utilized to further explore symptoms or subject knowledge based interview techniques can be used to further explore the symptoms during assessment (Kirst-Ashman & Grafton, 2009, 2006 p. 150). A quality assessment explores the elements of the ethnicity, race, and cultural identification per client’s own personal beliefs (Kirst-Ashman & Grafton, 2009, 2006 p. 151).

There are eight critical steps to the planning stage. During this time the client is the expert and should take the lead with the support of the social worker. In order to establish Step #2 with a client, prioritizing the problem, the client must believe that there is a problem, the problem must be defined in simple terms, and there must be realistic expectations to resolving the problem (Kirst-Ashman & Grafton, 2009, 2006 p. 192).

Step #4 of the planning phase is selecting a strategy that best fits the client’s needs. This strategy is developed with the client. The social worker can help the client by identifying Micro, Mezzo or Macro perspectives of working the
plan. During this step, client’s personal strengths should be identified to help empower the client’s ability to succeed (Kirst-Ashman & Grafton, 2009, 2006 p. 196).

This study will explore the barriers among U.S. gamblers who seek recovery programs in Spanish. Members will be asked a series of questions that focus of the experience prior to entering a recovery program, during their recover and ask for any suggestions to help improve the services or outreach of Spanish recovery programs.

Significance of the Project for Social Work

In the past, researchers criticized the DSM-IV for omitting mild behaviors and focusing on only the most severe cases, which at that time, were not as common (Petry, 2003). The new DSM-5 notes development and course of disorder in gender and age differences. Limited information continues to be present in research regarding the family, communities and culture differences (Shaffer & Korn, 2002)

Throughout the United States there are toll-free gambling help-lines set up to connect people to local resources who seek help with gambling problems (“National Council”, 2007). According to a report in 2013 on incoming calls to the national gambling hotline, 79% of the caller were from gamblers themselves, and among the most calls received 25% of the callers were adults between the ages of 26 through 35 (“California Council”, 2013). Hispanics were the second highest population group to regularly gamble and Spanish-speaking gamblers were the
second most popular language spoken. The English language was first. Residents in the 909 area code ranked the sixth highest population to call into the help-line and San Manuel Indian casino ranked the most visited casino in California.

San Manuel Indian casino is located in the city of San Bernardino, within the 909 area code district. There are over 125,000 Hispanics who reside in the city of San Bernardino, according to city-data.com. Currently there are no Spanish gambling anonymous groups (SGA) open in the city of San Bernardino according to the data found on GamblersAnonymous.org. After speaking with the previous SGA group coordinators, they expressed their frustration with attempting to implement SGA programs in the city of San Bernardino. Due to low attendance, the coordinators suggested that there might be stigma in the Latino communities regarding receiving seeking help services. The SGA group was forced to close its doors and discontinue their meetings shortly after starting (D. and V., personal conversation, February 16, 2014).

Policies that regulate gambling and its potential for problem gambling are not clear. Many state policy regulations do not have a preventative action plan, intervention or rehabilitation plan in place for addressing any negative impact that may occur while gambling (Pavalko, 2004). Many states have adopted a culture of denial when it comes to the topic of problem gambling and lump people in a category of disease. People who develop an addiction for gambling have a lack of control and therefore fail as a responsible gamblers and labeled as
pathological gamblers, while the government continues to “evade this co-
responsibilities or major part of their social responsibilities toward their citizens”
(Suissa, 2006, p.198).

Violence in the home, bankruptcy, divorce, homelessness, child abuse
and decline in mental health are among the high risk factors that are linked to
problem gambling (Dowling et al. 2009; Hodgins et al. 2006; Jackson et al. 1999;
Kalischuk et al. 2006). Children of problem gamblers often disclose symptoms of
depression and general neglect. The problem itself may be passed on to the next
generation without the possibility of recovery (Afifi et al., 2010). Education and
research for problem gambling is lacking or very limited nationally, federally, and
privately (Pavalko, 2004).

In summary, a lack of supportive programs for problem gamblers is
evidently missing in the Inland Empire to serve the Latino community and any
other groups that could benefit from Spanish recovery programs.
CHAPTER TWO
LITERATURE REVIEW

Introduction

The literature review will help define the core features of a gambling disorder as per the American Psychiatric Association, and how it may have a different effect on people depending on their age, gender, social economic status, and ethnic differences. Stigma and attitude will be identified and described to match the theory guiding this research study.

Core Features

According to the DSM-5 (American Psychiatric Association, 2013) a gambling disorder is defined by “Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress.” In a 12-month period a person must display at least four of the nine symptoms to be considered as a mild problem gambler, six to seven symptoms qualifies as moderate, and eight to nine symptoms qualifies a person as a severe problem gambler. The specifiers indicate that most individuals who seek treatment are experiencing moderate to severe symptoms. A moderate or severe indicator of a gambler, who seeks help, usually has caused some damage to their relationships due to loss of financial support and is in a struggle to find the means to sustain the habit (APA, 2013, p. 586).
The act of gambling in itself is not a problem. When a person transitions from a gambler to someone who begins to relentlessly “chase losses” and increasingly wager one value in hopes to gain a larger value, at that point the risk of becoming a problem gambler increases (2013, p.586). Problem gambling can lead a person on a destructive journey of losses such as family, friends, employment, finances, and property. Mental stability may begin to decline during the course of a gambler’s life. Feelings of distressed such as depression, anxiety, guilt and helplessness begin to disrupt the person’s social and personal life. Suicidal ideations, plans and means may begin to formulate as the symptoms worsen (Petry & Armentano, 1999). According to an annual report in 2007 by the National council, a problem gambler is someone with a “rare but chronic mental disorder” that can be treated with help (“National Council”, 2007).

According to research only 10% of problem gamblers seek help on their own from a professional recovery program (Delfabbro, 2009) and over 50% of problem gamblers enter a recovery program with the help from their social support who is concerned for their wellbeing, including adult children and parents of adult gamblers (Clarke et al. 2007). Family members have reported feeling unsupported and neglected by problem gamblers (Krishnan and Orford, 2002). Reports that examine the journey from a gambler becoming problematic and the journey to achieve recovery reveal a relationship influenced by family and friends who take initiative in intervening (Evans and Delfabbro, 2003). Further support from the Evans and Delfabbro (2003) study showed,
Greater attention should be directed towards the potential role of social support as part of intervention strategies. Not only do people close to the gambler often play a critical role in the initial help-seeking behaviour, but they can also be central agents for change (2003, p.55).

Gender Age and Ethnicity Differences

According to the DSM-5, age, gender roles, motivations, consequences and cultural differences are significant in the way players gamble. By understanding the differences social work practitioners and clinician can develop strategies when treating clients. Addictions such as gambling that are not addressed, may impair decision making and “myopia for the future” may take begin to take place, a stage where the gambler is controlled by the idea that they will win and the growing addiction leads to a downward spiral of negative consequences (Bechara, 2003, Brevers et. al., 2013, p. 120, Goldstein et. al., 2008).

Males are more likely to report and develop gambling problems than females. The patterns of choice in wagering habits also differ; females tend to take a chance with slot machines and bingo games, while men tend to take a chance playing cards, horses and sports (Potenza, et al. 2001). Incoming calls to a helpline in 1998 through 1999, concluded that most female motivation for gambling was as a form to “escape from distress” while males gamble for competitive motivations (Lesiur & Blume 1991; Trevorrow & Moore 1998).
The consequences of problem gambling among males and females also differ. A study generated to identify gender-related differences in characteristics of problem gamblers reported males tend to report more arrest that are related to the cause of gambling. However, females self report illegal activities due to problem gambling while eluding arrests (Potenza, et al. 2001).

Research shows problem gambling affects young, middle and older adults. The most prevalent age for problem gambling is young and middle adulthood (APA, 2013), although, research studies suggests that older adults are among the highest age groups with gambling disorders. There are numerous studies across culture groups that focus their study on older adults, 55 years and older. These reports suggest that gambling is often considered a form of social event among this age group and is increasingly becoming a health problem among this age group. (Lai, 2006; McNeilly & Burke, 2002; Ohtsuka & Karoglidis, 2001). Older adults are more likely to develop an addiction to slot machines and bingo, while the younger adults tend to prefer betting on sporting events (APA, 2013).

Since 1972 to 1999, forty-eight states in the U.S. have legalized gambling. The United States is diverse in an abundance of different cultures, races, ethnicities and languages. The gambling industry in the United States does not discriminate against race, ethnicity, sex, or gender. The gambling opportunity is open to all who would like to take a chance with betting money. In 1980, American Indian tribes began to develop and organize gaming in the U.S. (Smith
& Wynne, 2000). Unfortunately, the problems associated with gambling addictions also crossed into the American Indian culture and they, along with minority populations, were among the highest groups to become addicted (Petry, 2005; Wardman, El-Guebaly, & Hodgins, 2001). In a research study entitled, One size doesn’t fit all: Experiences of family members of Indigenous gamblers the authors explore the help seeking behaviors of family members for problem gamblers concluded that reasons for not accessing professional help bared importance of cultural factors such as; gambling being a socially accepted activity in the indigenous community. The study also found the reason most gamblers did not seek help was due to the lack of publicized resources (Holdsworth et al. 2013).

Stigma and Attitude in Latino Communities

In an article review of the documentary, “Bridging the Digital Divide in the Spanish Speaking Community” the author Candice Smith states:

Although members of the Spanish-speaking community come from diverse backgrounds, they often share similar characteristics, including minimal public library experience, fear of government agencies, and reticence to seek help (Smith, C., 2004, p. 673).

Theory Guiding Conceptualization

This research study is being guided by the Theory of Reasoned Action which originated from Martin Fishbein’s reasoned action approach which
resonates early ideas from Godon Allport, “attitude is the most distinctive and indispensable concept” (1968, p.59). The Theory of Reasoned Action is refined from past studies “it offered a way to use attitudes as a means to predict and explain individual behaviors” (Ajzen, 2012, p. 17). The Theory of Reasoned Action suggests:

The intention to perform a particular behavior is a joint function of a favorable or unfavorable attitude toward the behavior and of a subjective norm that encourages or discourages its performance and that the intention is the direct antecedent of the corresponding behavior (Ajzen, 2012, p 17).

Utilizing the Theory of Reasoned Action may help clinicians, social workers, health practitioners and community liaisons to understand the attitude of a problem gambler who seeks help from a Spanish recovery group or programs. It may also help identify the behavior and attitude that comes when receiving for help, voluntary or involuntary from resources. A member of a Spanish speaking program may feel stigma attached to the notion of asking for help from outside resources, they may hold fears regarding immigration status or getting involved with authority figures. Stigma may play a big part in the decision making for help-seeking behaviors. In the city of San Bernardino, home of the most visited Indian Casino, there is a lack of attendees for Spanish-speaking gamblers anonymous (SGA) groups, as evidence by personal conversations with past SGA facilitators and by searching for groups through the gamblers anonymous national website.
Summary

This chapter reviewed literature regarding the core features of a gambling disorder, the specifiers and onset of gambling addictions. The behaviors behind stigma were addressed. The influence of attitude and ethnic differences were identified. The theory guiding this research study was stated and a reason for its inclusion was addressed.
CHAPTER THREE

METHODS

Introduction

This chapter attempts to explain the reason it is important to explore the experiences of those who are and have sought help from a Spanish recovery program. The sampling technique is identified, including data collection and instrument design and technique. A description of the process regarding data analysis is documented, including a clear understanding of the methods taken to ensure confidentiality.

Methodology

The researcher of this project connected via phone with two facilitators of Spanish Gambling Anonymous (SGA) groups in the Inland Empire, CA. The researcher asked key facilitators to introduce the project to prospective participant and asked for permission to speak via phone with interested parties. Through rapport building and trust, the researcher was given permission by each potential participant to further explain the study over the phone by explaining the purpose, the benefits and the challenges of the project. Those who chose to meet with the researcher where given a time and date to meet with a focus group. Those participants whose schedule or location was difficult to coordinate were asked to do an individual interview with the researcher. All possibilities were explored to conduct focus groups of sizes consisting of four to five members. The
researcher also attempted to gather the minimum required willing participants to conduct at least three focus groups. It was decided by group members that interviews were best held in the same location as the SGA meetings as they were safe, central location, familiar to the members and private for the purpose of securing participant confidentiality. The participants qualify as a team of experts for this study as all participants are current active members of a Spanish Gambling Anonymous group (SGA) in Southern California. Each member self-identified as having a problem and entering a Spanish recovery program in the United States.

Study Design

The purpose of this study was to gather information from current members of Spanish gambling anonymous groups (SGA) residing in Southern California, preferably members who reside in the Inland Empire, and explore any barriers that may have occurred prior entering a Spanish recovery program, barriers while attending the recovery program and explore suggestions for the future of Spanish recovery programs. The research study was conducted in Spanish and then translated to English by the researcher.

The researcher gathered insight from focus groups by asking a series of questions. Before the series of questions began, a short questionnaire was distributed to gain insight on the demographics of each participant as well as their personal experience with gambling. No personal names or identifying information was used. The participants received a numeric code during each
interview as a form for the researcher to identify them while speaking into the audio recording.

After reviewing and signing informed consent, demographics, short essay questionnaire regarding personal gambling experience and answering any questions, the researcher turned on the audio recorder and introduced the date and participants by numerical number. The first sets of questions were asked for the purpose of exploring any barriers upon entering a self help service such as SGA. A sample of a question being asked at this time, “Prior to entering a recovery program, did you feel any disapproval or shame coming from a person or group in society about receiving help? If yes, how did you get through it?” The second series of questions explored any barriers as an active participant of an SGA program. A sample question in this series would include, “What was your first impression of the recovery program?” The third series of questions focused on exploring the opinions of the each member and inquire about their thoughts regarding the future for Spanish recovery programs. A sample question in this series would be, “How would you recommend reaching people who speak Spanish and looking for help to stop gambling? Think back to your experience, what would have worked for you?”

It is important to use a qualitative research design to interview, via audio-tape, in order to gain a comprehensive understanding of the participant’s experience. By conducting focus group interviews, the researcher may gain descriptive information from the participants. The goal of the study is that data
may help in facilitating new supportive programs to help assist the population who could benefit from Spanish speaking groups. The data from the National Spanish Gamblers Anonymous (SGA) website show that zero SGA support groups are currently open in the Inland Empire, a region in Southern California.

The experts in this study are the participants because individually each has self identified as a problem gambler in search for a recovery. Participants were chosen from Spanish Gambling Anonymous (SGA) which qualifies them as experts due to their current or past SGA membership.

There were preconceived limitations to this study as the main source was receiving access to people who participated in an anonymous program and the study had to be completed in a short time period. The snowball effect lost its energy during the first month and for a month there was a freeze in voluntary participants. The researcher continued to ask for new participants from those who had participated in the study during the first month. Slowly, new leads began to come in. Another limitation encountered during the search for participants, was from people who did not meet the criteria of the study because they had not attended an SGA meeting or any other Spanish recovery program in the past.

During the study some participants did not feel comfortable sharing their true experience with the researcher or in a group setting. The researcher noticed individual interviewees shared in-depth answered as compared to focus group settings.
Sampling Technique

The samples were collected by a snowball approach. This researcher will connected prior to the study with the facilitators of SGA groups in order to gain trust and permission to enter the group to present on the study. The researcher gave a general explanation of the research project to each potential participant. This explanation included voluntary status, careful anonymous precautions, confidentiality and overall goal and purpose of the study. For the purpose of the qualitative study, ten to twelve participants were accepted to be part of small focus groups due to the short length of time in finishing the research project. A sign-up sheet was left with the facilitators of the recovery program for those who had an interest in participating. Only first names will be collected with contact information in order for the researcher to schedule an interview.

The sign-up sheet was collected by researcher at the end of the meeting. The researcher contacted the potential participants to schedule a time and date to meet and placed them in random selected focus group without disclosing other participant’s information. Those who agreed to participate met the researcher and other group members. The researcher appointed numbers, in chronological order as interviews were conducted and began the study by introducing the value, contribution and overall goal of the study. The researcher reviewed and collected informed consents, demographic information and short essay questionnaire. The researcher then began the focus group questions as a series
of questions for the purpose of gaining input regarding participant’s past, present and future evaluation, motivators or barriers in a Spanish recovery program.

Data Collection and Instruments

Data was collected using an instrument the researcher created (see Appendix A, B, and C). The instruments, A, B and C, are written in Spanish and English. The data recorded in Spanish was translated and transcribed to English by the researcher. Names were not documented or included. The researcher assigned a numerical code to identify each member after the study.

Appendix A is a series of questions that gather basic demographic information of each participant. Appendix B is a series of individual questions to gain further information regarding each person’s personal experience with gambling. Appendix C is a series of open ended questions to further explore the experience of the participants. The participants were asked for permission to be audio taped for the purpose of accuracy collection of information. The researcher translated the data, gathered common themes and reported the findings.

Procedures

People who are current or past members of SGA groups were interviewed, via recording, by direct questioning in small focus groups with no more than five members. In the event that a focus group could not be form, an individual interview was performed. An audio tape was used to gather information from participants for accuracy. The participants were solicited
through his or her connection of a SGA group or recommended by a previous research study participant or SGA facilitator. The participants qualify for the study by being over the age of 21 and having a current or past membership status of a Spanish Gamblers Anonymous Group in the United States.

Collection of data was taken in a public location or private location to ensure group’s privacy of discussion. The researcher collected the data and stored it in a locked box. The interview was no more than one hour in length of time.

Protection of Human Subjects

Initial names gathered were held anonymous and replaced with numerical code name as identifiers, for the purpose to protect the identity of the subject in the SGA program. The audio tape and all transcribed information were held in a confidential locked box and stored in a safe location with the researcher. The information obtained in the study was reviewed by the researcher’s supervisors, professors and colleagues. It may also be presented at public meetings in the future. The identity of the participant is kept strictly confidential at all times. Informed consent letters were explained verbally regarding confidentiality. A copy was given to each participant, upon request.
Data Analysis

Appendix A data collection was analyzed by using an Excel spreadsheet. The data collected from Appendix B and C was analyzed by looking for common themes among participants and represented on an Excel spreadsheet.

Summary

Chapter three covered the explanation of the researcher’s methodology to explain the process of the research study, study design and an explanation of the sampling technique. Data collection and instrument was described along with the procedure of how the research study would be conducted. A summary of protecting human subjects and how the researcher plans to analyze the data was described.
CHAPTER FOUR

RESULTS

Introduction

Qualitative data was used for this study. The fourteen interviews collected were from people who currently facilitate a recovery program for Spanish speaking gamblers. Thirteen interviews were conducted in Spanish, the participant’s prominent language and one interview was conducted in English, as requested by interviewee. The focus group questions were divided into three series covering the past, present and future of a person facing the challenge of entering a Spanish recovery program for gamblers. Interviews were audio recorded then transcribed and translated into English by the researcher. The results were examined for similarities and/or differences using participant’s quotes to find similar themes. This chapter highlights the findings presented by the fourteen interviewees as they revealed their own personal challenges and barriers in accessing and participating in Spanish recovery programs throughout Southern California.

Demographic Questions

Basic demographics were collected for this study. No identifying information was collected that compromised anonymity. Fourteen people volunteered to be part of this study. All members self-reported being active members of Spanish Gamblers Anonymous Group. The youngest participant was
age 43 and the oldest was age 68. The average age among the participants was
52. Two females and twelve male participants who declared to be of
Latino/Hispanic ethnicity participated in the study. The majority, nine out of the
fourteen participants, originated from the state of Mexico. The primary language
of all participants was Spanish and thirteen participants chose to have the
interview conducted in Spanish. One preferred the interview in English. Twelve
out of the fourteen participants reported English as their second language. The
city of residency varied from the west of Southern California to the East. Major
regions represented in study were from Los Angeles, Inland Empire and
Cathedral city area. The average time living in the United States was 35 years
and the average time living in the Inland Empire was 20 years. Ten participants
reported being employed, one was retired, one was a homemaker and two did
not answer. Please see table 1.
Table 1. Demographic Questions

<table>
<thead>
<tr>
<th>Questions/Participant</th>
<th>1</th>
<th>2</th>
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<td>Spanish</td>
<td>English-Spanish</td>
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</tr>
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<td>Speak or understand any other language</td>
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<td>English</td>
<td>None</td>
<td>Italian and English</td>
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<td>Machinist</td>
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<td>English</td>
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<td>Never</td>
<td>Never</td>
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</tr>
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<td>Warehouse</td>
<td>Technician</td>
<td>Aerospace Inspector</td>
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<td>Mexican</td>
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<td>Spanish</td>
<td>Spanish</td>
</tr>
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<td>Handyman</td>
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<td>45</td>
<td>53.5</td>
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<td>Gender</td>
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<td>Male</td>
<td>Male</td>
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<td>Hispanic</td>
<td>Hispanic</td>
</tr>
<tr>
<td>Race</td>
<td>Hispanic</td>
<td>Mexican</td>
<td>Mexican</td>
</tr>
<tr>
<td>Primary Language</td>
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<td>Spanish</td>
<td>Spanish</td>
</tr>
<tr>
<td>Speak or understand any other language</td>
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<td>English</td>
<td>English</td>
</tr>
<tr>
<td>City of Residency</td>
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<td>Cathedral City, CA</td>
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<td>35 years</td>
</tr>
<tr>
<td>Lived in the Inland Empire</td>
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<td>20 years</td>
</tr>
<tr>
<td>Occupation</td>
<td>Server</td>
<td>Server</td>
<td>Employed</td>
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Presentation of the Findings

Individual Questions

First Bet

The average time frame before seeking a recovery program for gamblers was 20 years. This was measured by asking the participants to state the year of their first bet and the year they first began to attend a recovery program. Eleven participants became members of a gambling recovery program in the decade of 2000’s. The average time spent in recovery by all fourteen participants, not including relapse time, was 9.5 years. All participants gambled in Southern California at some point in their gambling history and nine out of the fourteen participants declared Casino, slot machines as their choice of gambling method. Please see table 2.
<table>
<thead>
<tr>
<th>Questions/Participant</th>
<th>1</th>
<th>2</th>
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<tbody>
<tr>
<td><strong>What city did you gamble in?</strong></td>
<td>Arcadia, CA</td>
<td>San Bernardino, CA</td>
<td>Palm Springs, CA</td>
<td>San Bernardino, CA</td>
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<tr>
<td><strong>How did you gamble?</strong></td>
<td>Horse Races</td>
<td>Casino Lottery</td>
<td>Horse Races</td>
<td>Casino</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cards</td>
<td>Cards</td>
<td>Cards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Internet</td>
<td>Bingo</td>
<td>Internet</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Online Gaming</td>
<td>Sports</td>
<td>Online Gaming</td>
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<tr>
<td><strong>What is your gambling preference?</strong></td>
<td>Horse Races</td>
<td>All of the above</td>
<td>Casino Slots</td>
<td>Black Jack</td>
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<tr>
<td></td>
<td></td>
<td>&quot;I wanted to be in the action&quot;</td>
<td>(Keno)</td>
<td></td>
</tr>
<tr>
<td><strong>Time Spent Gambling</strong></td>
<td>20 years</td>
<td>18 years</td>
<td>17 years</td>
<td>15 years</td>
</tr>
<tr>
<td><strong>Time Spent in Recovery</strong></td>
<td>15 years</td>
<td>5 years</td>
<td>18 years</td>
<td>12 years</td>
</tr>
<tr>
<td><strong>Why did you seek help?</strong></td>
<td>Hit Rock bottom -</td>
<td>I was suffering,</td>
<td>I knew it was a disease</td>
<td>My wife obligated me to go.</td>
</tr>
<tr>
<td></td>
<td>Financially and</td>
<td>emotionally. I felt</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emotionally</td>
<td>like trash. I was a</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>bad example to my</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>children.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Any fears before participating?</strong></td>
<td>No, I didn't know</td>
<td>None, I was ready to</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>about recovery</td>
<td>stop the suffering</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>programs and I didn't</td>
<td>and ready to accept</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>know what to expect.</td>
<td>help.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What were your hopes?</td>
<td>A better way of living.</td>
<td>Better quality of life</td>
<td>To learn how to stop gambling</td>
<td>To gain recovery</td>
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<tr>
<td>-----------------------</td>
<td>------------------------</td>
<td>------------------------</td>
<td>-------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Did you seek help on your own?</td>
<td>Someone told me about GA</td>
<td>Yes</td>
<td>Someone helped me</td>
<td>My wife sought help for me</td>
</tr>
<tr>
<td>Are you currently in a Recovery Program?</td>
<td>Yes, active member</td>
<td>Yes</td>
<td>yes</td>
<td>Yes</td>
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</table>

<table>
<thead>
<tr>
<th>Questions/Participant</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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</thead>
<tbody>
<tr>
<td>What city did you gamble in?</td>
<td>Santa Cruz, Bolivia and Bellgardens City of Commerce CA</td>
<td>Rosario, Santa Fe and All in CA</td>
<td>Santa Anita, CA</td>
<td>San Bernardino, CA</td>
</tr>
<tr>
<td>How did you gamble?</td>
<td>Casino Lottery Horse Races Cards Bingo Internet</td>
<td>Casino Lottery Horse Races Cards Bingo Internet</td>
<td>Casino Lottery Horse Races Cards Sporting Other: Rajita</td>
<td>Casino (slots)</td>
</tr>
<tr>
<td>What is your gambling preference?</td>
<td>Cards</td>
<td>Slot Machines</td>
<td>Horse Races</td>
<td>Slot Machines</td>
</tr>
<tr>
<td>Time Spent Gambling Time from &quot;first gamble&quot; to &quot;first seek help&quot;</td>
<td>48 years</td>
<td>56 years</td>
<td>10 years</td>
<td>2 years</td>
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<tr>
<td>Time Spent in Recovery Time from &quot;first seek help&quot; to year-to-date.</td>
<td>6 years</td>
<td>8 years</td>
<td>11 years</td>
<td>6 years</td>
</tr>
<tr>
<td>Why did you seek help?</td>
<td>My co-dependancy suggested it as part of my recovery.</td>
<td>My life was being destroyed by gambling</td>
<td>I knew I hit rock bottom. Family intervention and I had nothing to lose.</td>
<td>Felt out of control, desperate and unworthy</td>
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<td>Questions/Participant</td>
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<td>10</td>
<td>11</td>
<td>12</td>
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<td>-----------------------</td>
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<td>----</td>
<td>----</td>
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<td>What city did you gamble in?</td>
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<td>Vegas, NV</td>
<td>Las Vegas, NV</td>
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<td>How did you gamble?</td>
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<td>Casino, Lottery, Horse Races, Cards, Bingo</td>
<td>Internet, Sports</td>
<td>Casino, Lottery</td>
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<tr>
<td>What is your gambling preference?</td>
<td>Casino (Slot Machines)</td>
<td>Slot Machines</td>
<td>Casino</td>
<td>Slot Machines</td>
</tr>
<tr>
<td>Time Spent Gambling Time from &quot;first gamble&quot; to &quot;first seek help&quot;</td>
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<td>3 years</td>
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<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Why did you seek help?</td>
<td>I heard a message on the radio that called my attention</td>
<td>I became a problem gambler</td>
<td>For my family</td>
<td>I was sick and tired of the gambling lifestyle</td>
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<tr>
<td>Any fears before participating?</td>
<td>No</td>
<td>Yes, I felt embarrassed and scared that my reputation would be damaged</td>
<td>Yes, fear that I would fail or the program would not work</td>
<td>No</td>
</tr>
<tr>
<td>What were your hopes?</td>
<td>To gain my life back</td>
<td>To stop betting and stop the compulsiveness</td>
<td>Support and help</td>
<td>I wanted to get together with people that were not playing or gambling anymore</td>
</tr>
<tr>
<td>Did you seek help on your own?</td>
<td>On my own</td>
<td>My wife and I both sought help with the help of friend that also was a problem gambler</td>
<td>A friend took me because my wife threatened to leave me due to problem gambling</td>
<td>On my own</td>
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<tr>
<td>Are you currently in a Recovery Program?</td>
<td>Yes</td>
<td>yes</td>
<td>Yes</td>
<td>Yes</td>
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### Questions/Participant

<table>
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<th>Questions/Participant</th>
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<th>14</th>
<th>Average</th>
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<td>1-50's, 2-60's, 4-80's, 3-90's, 3-2000's</td>
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<td>What is your gambling preference?</td>
<td>Casino</td>
<td>n/a</td>
<td>9-Casino (Slots)</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------</td>
<td>-----</td>
<td>-----------------</td>
</tr>
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<td>When did you seek help?</td>
<td>2010</td>
<td>n/a</td>
<td>2-1990's, 11-2000's</td>
</tr>
<tr>
<td>Time Spent Gambling</td>
<td>10 years</td>
<td>n/a</td>
<td>Average: 20 years 2-less than five years, 3-less than ten years, 5-less than twenty years, 1-less than thirty years, 1-less than forty years, 1-less than fifty years.</td>
</tr>
<tr>
<td>Time Spent in Recovery Time from</td>
<td>5 years</td>
<td>n/a</td>
<td>9.5 years</td>
</tr>
<tr>
<td>first seek help to year-to-date.</td>
<td></td>
<td></td>
<td>10- Self “hit rock bottom” 4-Denial state &quot;obligated&quot;</td>
</tr>
<tr>
<td>Why did you seek help?</td>
<td>It became a problem</td>
<td>My friends and family said I had a problem. I was in denial.</td>
<td>9- yes</td>
</tr>
<tr>
<td>Any fears before participating?</td>
<td>Yes. I was scared!</td>
<td>Yes, shameful because I didn't know what to expect.</td>
<td>5-No</td>
</tr>
<tr>
<td>What were your hopes?</td>
<td>To live a better life</td>
<td>To live a better life</td>
<td>Recovery</td>
</tr>
<tr>
<td>Did you seek help on your own?</td>
<td>On my own</td>
<td>I came with a family member. My friends all said I had a problem, but I didn't believe that I had a problem.</td>
<td>8- No 6- Yes</td>
</tr>
<tr>
<td>Are you currently in a Recovery Program?</td>
<td>Yes</td>
<td>Yes</td>
<td>100% Yes</td>
</tr>
</tbody>
</table>
Timing

A common theme mentioned among the participants was the importance of timing. As per their remarks, timing, in the world of a problem gambler is a huge factor in the decision making process to access help. One participant explained, “There is a window of opportunity. If the literature is there at the right time, it can happen” (Participant, Focus group questions, March 2015). Another participant remembers the time his wife gave him an ultimatum, “Either you get help, or you are out.” He agreed to seek help and thought, “If we couldn’t find, I thought, thank you so much, have a nice day and I go to gamble again” (Participant, Focus group questions, March 2015).

The reason ten people sought help was due to “hitting rock bottom”, the rest were “obligated.” One member described her first time seeking help, “I was suffering emotionally, I felt like trash, I was a bad example to my children” (Participant, Individual questions, March 2015) another person stated, “I knew I hit rock bottom. My family did an intervention on me and I had nothing to lose” (Participant, Individual questions, March 2015). Nine people disclosed feelings of fear before entering a recovery program and the majority stated that “seeking recovery” was their hope to gain from entering the program, “I wanted to gain my life back” (Participant, Individual question, March 2015). Eight members did not seek help on their own, as one person stated, “A friend took me because my wife threatened to leave me due to problem gambling” (Participant, Individual questions, March 2015) and six members disclosed seeking help on their own,
as one member stated, “I called the hotline number from a flyer I found in the casino restroom” (Participant, Individual question, March 2015). Please see table 3.

Table 3. Individual Questions, Timing

<table>
<thead>
<tr>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>11</td>
</tr>
<tr>
<td>8</td>
</tr>
</tbody>
</table>
Focus Group Questions

Participant’s Feelings

A series of questions were asked of the group to think back to when they first found out about a recovery program and to share if they felt and shame, fear or embarrassment from a person, a group or society about receiving help. Those that answered with a yes were asked to describe how they worked through the feelings. Eight out of the fourteen participants stated that they had feelings of shame, fear and/or embarrassment upon entering the program. One participant disclosed,

I began to feel out of control and desperate while gambling, and began to feel unworthy, worthless because I couldn’t control my addiction. Once I called I regretted it because I was ashamed that I couldn’t control the urge on my own (Participant, Focus group questions, March 2015).

Another participant stated, “I felt embarrassed and scared that my reputation would be damaged” (Participant, Focus group questions, March 2015). The fear of being recognized was shared by one member, “I had the fear that someone in the program would recognize me and point me out” (Participant, Focus group questions, March 2015). Please see table 4.
### Table 4. Focus Group Questions, Participant’s Feelings

<table>
<thead>
<tr>
<th>Personal Feelings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question:</strong> Prior to entering a recovery program did you feel disapproval or shame/fear/embarrassment coming from a person or group in society about receiving help, If yes, how did you get through it?</td>
</tr>
<tr>
<td>8-Yes/2-No/4-Mixed</td>
</tr>
</tbody>
</table>
| 8  
I began to feel out of control and desperate while gambling, And began to feel unworthy, worthless because I couldn’t control my addiction. Once I called I regretted it because I was ashamed that I couldn’t control the urge on my own. |
| 10  
I felt embarrassed and scared that my reputation would be damaged.                                                                                   |
| 5  
It would make me embarrassed that I couldn’t control it. I was embarrassed by my family and by myself.                                                   |
| 7  
At that moment I thought it was the worst day of my life, I have nothing to lose.                                                                  |
| 9  
I felt lots of shame. I did not tell my family that I was attending GA. I told them that I was going to bible study. For over a year I kept this secret because I was ashamed. |
| 11  
I was about to go to the bridge to commit suicide. I had the fear that someone in the program would recognize me and point me out, that GA would shove religion at me because I heard it was a spiritual program, and that GA would cure me of what I like to do. I only hoped that GA took a bit of my addiction, but not all of it. |
Language Barrier

Thirteen out of the fourteen participants interviewed stated that finding a group that spoke Spanish was important to them. The main reason indicated was to have the freedom to express themselves in their native language. A participant that has been a member, sponsor and facilitator of Spanish gambling recovery programs for over 14 years shared,

I attended English meetings for two years. And in the English I would say what I knew what to say but, not what I was feeling. When I arrived to the Spanish group, that’s when I thought, ok, this is where I can talk about how I feel. My first meeting in Spanish I thought, this is my language. This is my race. And this is where I want to stay (Participant, Focus group questions, March 2015).

Attending a forum where one could express themselves to one’s full potential was important for thirteen members. They felt by finding a recovery Spanish recovery program, they would be able to fluently express the pain associated with gambling and gain a deeper understanding of what recovery is. A recovery program member of twelve years shared,

One of the main goals of this program is to express yourself profoundly. The first language is the most important. One begins to express themselves and the fear-with primary language is the best way to express myself. I have tried English programs and it would be difficult to express
my feelings. Expressing in Spanish I feel better spiritually (Participant, Focus group questions, March 2015).

One member asserted, “A program in English, for those that do not speak well in English, does not work. I went to the meetings in English and the emotions cannot be expressed. (In Spanish) I can talk about my emotions with more accuracy” (Participant, Focus group questions, March 2015). Members agreed it was important for them to find or start and support Spanish recovery programs, as one member stated, “The emotions cannot be expressed the same in English as I can express them in Spanish. That’s why it was so important for me to find a recovery program in Spanish” (Participant, Focus group questions, March 2015).

Please see table 5
### Table 5. Focus Group Questions, Language Barriers

<table>
<thead>
<tr>
<th>Language Barrier</th>
<th>Response</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Was finding a group that spoke Spanish important to you or preferred and why?</strong></td>
<td>Yes</td>
<td>My first meeting in Spanish I thought, “This is mine. This is my language. This is my race. And this is where I want to stay.”</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1. Yes, it was very important for me to attend a group in Spanish because my first language is Spanish and I felt comfortable. I attended English meetings for two years. And in the English I would say what I knew what to say but, not what I was feeling. When I arrived to the Spanish groups that’s when I thought, ok this is where I can talk about how I feel.</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>4. Yes, totally. One of the main goals of this program is to express yourself profoundly. The first language is the most important. One begins to express themselves and the fear- with primary language is the best way to express myself. I have tried English programs and it would be difficult to express my feelings. Expressing in Spanish I feel better spiritually.</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>5. The emotions cannot be expressed the same in English I can express them in Spanish. That’s why it was so important for me to find a recovery program in Spanish.</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>7. He (the sponsor) said that there was a Spanish group for families that I could attend with my wife. So that it would start her recovery or at least learn how to cope with a gambler. That was the first meeting I ever attended in Spanish.</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>10. When I attended a Spanish group, being that it is my natural language, I saw that I could express myself better.</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>13. I can talk about my emotions with more accuracy.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A program in English, for those that do not speak well in English, does not work. I went to the meetings in English and the emotions cannot be expressed.</td>
</tr>
</tbody>
</table>
Location of Services

Two questions were asked to address location as a possible barrier. The first question asked participants to think back to when they were becoming aware of recovery programs for gamblers, was location of services important to them and describe any barriers, if any, in finding a Spanish recovery program. Eleven out of fourteen participants indicated that, yes, prior to entering the program location was important to them and nine participants agreed it was difficult to find to a Spanish program. One member shared regarding prior to entering the program, “The barrier was the location at that time” (Participant, Focus group questions, March 2015). Another member added, “It took me three months to search and find (a Spanish program)” (Participant, Focus group question, March 2015). For one member that did not want to quit and owes his recovery to the bottom lines put on him by his wife, shared, “I would make excuses, Oh no, the freeway is not ready. There’s too much traffic all the time. All the excuses you could imagine just not to go” (Participant, Focus group questions, March 2015). There are a limited number of Spanish speaking recovery programs for gamblers and most locations are over 50 miles apart. One member shared, “Yes, (location) is everyone’s excuse for not coming in the first place. Too far. This is a real problem” (Participant, Focus group questions, March 2015). Please see table 6.
Table 6. Focus Group Questions, Location of Services

<table>
<thead>
<tr>
<th>Location of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>At the time you first began to attend the program, was location of services important to you? And how do you feel about location now?</strong></td>
</tr>
<tr>
<td>11- Yes, prior to entering program location was a barrier 2- No, due to support 1- No</td>
</tr>
<tr>
<td><strong>Where there any barriers in finding a Spanish recovery program? What were they and how did you overcome those barriers.</strong></td>
</tr>
<tr>
<td>9- Yes (Common theme: Very few to none available Spanish recovery programs) 4- No 1- No comment</td>
</tr>
<tr>
<td>1 Yes</td>
</tr>
<tr>
<td>1. The barrier was the location at that time</td>
</tr>
<tr>
<td>1. I understand when a person first arrives to the program, the location is important, the members say it’s too far, I can’t arrive. First of all, the transportation is not adequate; we have no transportation service to begin. So location is very important. For me, at this day, the location is no longer a problem or a barrier.</td>
</tr>
<tr>
<td>2 Yes</td>
</tr>
<tr>
<td>2. It took me 3 months to search and find</td>
</tr>
<tr>
<td>3 Yes</td>
</tr>
<tr>
<td>3. There were no meeting in Spanish in the area of Coachella but the barrier bigger for me, was me myself</td>
</tr>
<tr>
<td>4 Yes</td>
</tr>
<tr>
<td>4. There was only one Spanish speaking group in my area</td>
</tr>
<tr>
<td>4. I would make excuses, “Oh no, the freeway is not ready. There’s too much traffic all the time.” All the excuses you could imagine. Now a days, no. I have ten years in recovery.</td>
</tr>
<tr>
<td>5 Yes</td>
</tr>
<tr>
<td>5. There were programs in Spanish at that time, but to find them it was very difficult. The website is only in English.</td>
</tr>
<tr>
<td>11 Yes</td>
</tr>
<tr>
<td>11. There was one group available. I started in English and switched because I felt more comfortable in Spanish.</td>
</tr>
<tr>
<td>10 Yes</td>
</tr>
<tr>
<td>10. Yes, that is everyone’s excuse for not coming in the first place. Too far. This is a real problem.</td>
</tr>
</tbody>
</table>
Realistic Expectations

One of the key complaints from those who have accessed services and are undergoing recovery was the unrealistic preconceived expectation a new person has about the program upon entering. Eight participants were supported by a friend, sponsor or family member in accessing services, the other members found services on their own via the internet, radio or advertisement. All fourteen participants shared, regardless of how they were introduced to the program that what they expected did not match the reality of the program. One member aggressively contributed to the conversation,

I don’t think that the program should be anonymous. It should be public. The information needs to be more aggressive and out there. It needs to be known that people are dying because of gambling addiction; people are going to jails because of gambling addictions. We need to stop being passive about it. Because the community and public affairs are passive and that’s why we don’t get anywhere (Participant, Focus group questions, March 2015).

Seven participants upon entering the program felt they did not belong because those in the group were crazy or sick. One member shared, “My first impression was that everyone that was in the program was crazy. All of them. They were all crazy in the head and had 2,000 more problems than me” (Participant, Focus group questions, March 2015). Another responded, “My first
impression was that everyone was crazy, except me. I later realized that I was also crazy” (Participant, Focus group questions, March 2015).

As one member shared, “The first impression I had of the program of gamblers anonymous was, how is this program going to help me stop gambling? I could not understand how a group of people that are sick can help me” (Participant, Focus group questions, March 2015). Another member shared,

My first impression was that I was not sick like the rest of the people. I always thought I was fine, just disoriented. I compared myself to others and thought, well I am not that bad because I have not lost my home, I have not lost my cars, but I just didn’t want to accept that I was sick. I left the meeting and went back to play (casino, slots). I did this (pattern) about three times. It took about three years for me to realize, ok, I might have a problem. Now I have two years of abstinence. I had to accept my sickness (Participant, Focus group questions, March 2015).

A misconception that a couple members shared was that the word “recovery” was tied to “religion.” As one member shared, “I feared that religion would be shoved at me because I heard it was a Spiritual program” (Participant, Focus group questions, March 2015). Another member shared, “I feared that this program would be about religion and I didn’t want that. Now, I understand how the principals work. These people understand me” (Participant, Focus group questions, March 2015).
Five members were surprised by the unconditional care and love they encountered upon entering the program. One member still remembers the feeling she received the first day and states that her goal is to reciprocate that love towards new members who enter the door for the first time. She stated regarding her first impression,

I thought to myself, “How is it that the members would come up to me and give me a hug without knowing me and meeting me for the first time?” That feeling was what impressed me and I thought, “Wow! Here there is only love” (Participant, Focus group questions, March 2015).

Another member agreed by stating,

It was embarrassing because at some point I felt I needed to talk or say something about me. I was afraid to tell people the things that I did and get criticized or judged at my actions. But, when I heard people share about their personal stories, I was still embarrassed, but, in a way I felt good when I was sharing about me. Because I wasn’t’ able to share those things with anyone else and when I started sharing I just kept going and it actually felt good (Participant, Focus group questions, March 2015).

Please see table 7.
Table 7. Focus Group Questions, Realistic Expectations

<table>
<thead>
<tr>
<th>Realistic Expectations</th>
</tr>
</thead>
</table>
| **What was your first impression of the recovery program? And has that impression changed?**  
First impression: "I don't belong." Yes, impression has changed "I belong" |
| At that time I thought these were people that were **crazy**. People that I couldn’t identify with. And I struggled a lot. I spent about 14 years relapsing, until one day I remained.  
3. My impression has changed. Instead of thinking these people are crazy, I’m thinking maybe they have room for one more. And here we are. |
| My first impression was that, everyone that was in the program was **crazy**. All of them. They were all crazy in the head and had 2,000 more problems than me. The program is for recovery, however no one enters to recover. **Everyone enters to receive abstinence, and after the abstinence a person receive the recovery.**  
4. My impression has definitely changed because now I am a part of the craziness and I am very happy to be a participant. |
| I first thought that everyone was **crazy** because when someone tells you that this program is for life, you say wow.  
6. Later you understand but at first no. |
| My first impression was that I was **not sick** like the rest of the people. I always thought I was fine, just disoriented. I can still **control** the situation. I compared myself to others and thought, well I am not that bad because I have not lost my home, I have not lost my cars, but I just didn’t want to accept that I was sick. I left the meeting and went back to play. I did this about three times  
8. It took about three years for me to realize ok, I might have a problem. Now I have two years of abstinence. I had to accept my sickness. |
| My first impression was that everyone was **crazy**, except me.  
14. I later realized that I was also crazy. |
| The first impression I had of the program of GA, was how is this program going to help me stop gambling. I could not understand how a group of people that are **sick** can help me?  
1. I don’t see myself without this program. I do not function without this program. |
I was about to go to the bridge to commit suicide. I had the fear that someone in the program would recognize me and point me out, that GA would shove religion at me because I heard it was a spiritual program, and that GA would cure me of what I like to do. I only hoped that GA took a bit of my addiction, but not all of it.

I feared that this program would be about religion and I didn’t want that. Now, I understand how the principals work. These people understand me.

I thought to myself, “How is it that the members would come up to me and give me a hug without knowing me and meeting me for the first time?” That feeling was what impressed me and I thought, “Wow! Here there is only love.”

It was embarrassing because at some point I felt I needed to talk or say something about me. I was afraid to tell people the things that I did and get criticized or judged at my actions. But, when I heard people share about their personal stories, I was still embarrassed, but, in a way I felt good when I was sharing about me. Because I wasn’t able to share those things with anyone else and when I started sharing I just kept going and it actually felt good.

I don’t think that the program should be anonymous. It should be public. The information needs to be more aggressive and out there. It needs to be known that people are dying because of gambling addiction; people are going to jails because of gambling addictions. We need to stop being passive about it. Because the community and public affairs are passive and that’s why we don’t get anywhere.
Inadequate Public Relations

The majority of the members agreed that public relations need to be more aggressive due to the major consequences for those that do not find help. Three members disclosed they were planning to commit suicide before discovering hope through a recovery program, “I wanted to commit suicide twice” (Participant, Focus group questions, March 2015). “I would have been dead. I was on the verge of committing suicide” (Participant, Focus group questions, March 2015).

A key finding regarding the motivation behind each member to agree to participate in this study was due the program’s servant leadership philosophy, to get involved in reaching out to people who may be suffering. When asked by the researcher, “Think back to your experience, what would have worked for you?” Each participant shared a thought or a phrase with specific language to use when attempting to reach problem gamblers. One member who has helped open and sustain over a dozen gambling recovery programs in the city of Los Angeles gave his suggestions;

I would use the word, struggle. If you are struggling because you are gambling- there’s help. If you are scared because of what others are going to think about you – don’t worry, we understand. If you want to stop gambling, but can’t- there’s support groups. If you gamble your rent money – you may have a problem. If you gamble when you don’t want to
gamble- you may have a problem. If it gets too hard, if it gets too difficult there is help out there (Participant, Focus group questions, March 2015). Members suggested including the strengths of the program to public relations material;

“It has helped me be a better wife, a better mother, a better sister, a better neighbor” (Participant, Focus group questions, March 2015).

“It has saved my marriage and has brought my dignity back” (Participant, Focus group questions, March 2015).

“I used to have a lot of anger, and it has helped with that” (Participant, Focus group questions, March 2015).

“It gives you a guide to come out of the shadows” (Participant, Focus group questions, March 2015).

“Every time someone shares their story it is like a mirror where I see myself” (Participant, Focus Group question, March 2015).

Please see table 8.
Table 8. Focus Group Questions, Inadequate Public Relations

<table>
<thead>
<tr>
<th>Inadequate Public Relations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What was your plan, if any, in case you did not find a Spanish recovery program?</strong></td>
</tr>
<tr>
<td>5- Go to an English group, 3- Suicide, 3- Go back to gamble, 1- Church, 1-attempt to quit on their own, 2- No plan</td>
</tr>
</tbody>
</table>
| **1** Either in a group of Spanish or continue in an English group.  
I had hit bottom in finances and emotional at that time. For me it was important to stop gambling. Because when we talk about addiction to gambling, we all speak the same language. |
| **2** Either in a group of Spanish or continue in an English group.  
When I found the recovery program in Spanish, I focus on what the program insists |
| **5** I guess my next plan would be to stay in codependency program.  
I was going to try it. |
| **6** Suicide  
I wanted to commit suicide twice |
| **11** Suicide  
I would have been dead. I was on the verge of committing suicide. |
| **7** Go back to gamble  
I had no intention of giving up gambling. I just wanted to save enough money to turn my back on everyone that turned their back on me. |
| **4** Go back to gamble  
If we couldn’t find, “thank you so much, have a nice day and I go to gamble again.” |
| **7** I would use the word, struggle. If you are struggling because you are gambling- there’s help. If you are scared because of what others are going to think about you – don’t worry, we understand. If you want to stop gambling, but can’t- there’s support groups. If you gamble your rent money – you may have a problem. If you gamble when you don’t want to gamble- you may have a problem. If it gets too hard, if it gets too difficult there is help out there |
| **9** It has helped me be a better wife, a better mother, a better sister, a better neighbor |
| **11** It has saved my marriage and has brought my dignity back |
| **12** I used to have a lot of anger, and it has helped with that |
| **10** It gives you a guide to come out of the shadows |
| **8** Every time someone shares their story it is like a mirror where I see myself |
Availability of Programs

A common thread of frustration was evident from the group of participants when addressing the concern or barrier available programs. All members agreed that in one form or another, the recovery program has assisted them with maintaining their recovery. Six members addressed the importance of attendance, as one member shared,

My wife does not understand my sickness and still to this day will ask me why are you going to your meetings? Why are you spending time with those people? She does not understand that it’s better that I am here at my meetings that out gambling. I tell her, if I don’t go to my meetings, she won’t see me for days (Participant, Focus group questions, March 2015).

Six members mentioned a common theme among them regarding the importance of recovery programs being open and available on a consistent basis in order to work the twelve steps of recovery, “The biggest factor is not to remove myself from the meetings” (Participant, Focus group questions, March 2015). Another member shared, “Being present to see the experience of others. How far the addiction can take a person. That has really helped me because every time someone shares their story it is like a mirror where I see myself” (Participant, Focus group questions, March 2015). And another member added, “One of the things that saved my recovery is that someone offered their phone number to me and I felt really important. This would not have happened if the meetings had closed” (Participant, Focus group questions, March 2015). Please see table 9.
Table 9. Focus Group Questions, Availability of Programs

<table>
<thead>
<tr>
<th>Availability of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What are some factors that help you stay in recovery?</strong></td>
</tr>
<tr>
<td>6- Attendance, 6- Twelve steps, 2-Sponsor/support, 2-Testimonials, 1-Regaining Respect</td>
</tr>
<tr>
<td><strong>2 Attendance</strong></td>
</tr>
<tr>
<td>The biggest factor is not to remove myself from the meetings.</td>
</tr>
<tr>
<td><strong>8 Testimonials/Attendance</strong></td>
</tr>
<tr>
<td>Being present to see the experience of others. How far the addiction can take a person. That has really helped me because every time someone shares their story it is like a mirror where I see myself</td>
</tr>
<tr>
<td><strong>11 Testimonials/Attendance</strong></td>
</tr>
<tr>
<td>Testimonials help.</td>
</tr>
<tr>
<td><strong>5 Being a Sponsor/Attendance</strong></td>
</tr>
<tr>
<td>One of the things that saved my recovery is that someone offered their phone number to me and I felt really important.</td>
</tr>
<tr>
<td><strong>6 Follow the 12 steps</strong></td>
</tr>
<tr>
<td>The meetings need to be available and open</td>
</tr>
<tr>
<td><strong>7 Regaining Respect/Attendance</strong></td>
</tr>
<tr>
<td>So not having respect from immediate family members, from my wife, and then having experience a second chance- that people are actually trusting you and believing in you, is like a great boost.</td>
</tr>
<tr>
<td>When you first enter into the program the support from your family seems really important but you end up realizing that the support is the people that are in the group with you.</td>
</tr>
<tr>
<td>My wife does not understand my sickness and still to this day will ask me why are you going to your meetings? Why are you spending time with those people? She does not understand that it’s better that I am here at my meetings than out gambling. I tell her, if I don’t go to my meetings, she won’t see me for days.</td>
</tr>
</tbody>
</table>
Lack of Community Support

The question of community support was asked by the researcher, “Has your community been supportive to you during your recovery?” Eleven members did not have an answer or any feedback regarding the assistance from the community in regards to their recovery. One member simply stated, “In the program a great part of our unity is based on anonymity” (Participant, Focus group questions, March 2015).

The members answered the question were from three members that were in a position of authority and power with the recovery program. One member stated, “The churches give a lot of support to the program” (Participant, Focus group questions, March 2015). Another member added, “The policemen, the priest also help us by giving us a hand because they see the damage it can do to a family” (Participant, Focus group questions, March 2015). Please see table 10.
<table>
<thead>
<tr>
<th>Lack of Community Support</th>
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<td><strong>Has your community been supportive to you during your recovery?</strong></td>
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Summary

Chapter four identified the main barriers associated with attempting to receive help for gambling through Spanish recovery programs, as reported by fourteen experienced members of an established Spanish gambling recovery program. The study follows their journey from exploring their feelings before entering the program, to understanding the dynamics while attending the program and feedback for the future of Spanish recovery programs. Discovered throughout the study were seven key barriers; participant’s initial feelings, language barrier, location of services, realistic expectations, inadequate public relations, availability of programs and the lack of community support.
CHAPTER FIVE

DISCUSSION

Introduction

The goal of chapter five is to discuss the major findings of the study, address any limitations that were discovered, provide recommendations for the future of social work practice, policy and research, and to summarize the conclusion of the study.

Discussion

The purpose of the qualitative research study was to explore the barriers of gamblers who wish to seek recovery programs in Spanish within Southern California. Fourteen current members of Spanish Gamblers Anonymous were asked to join the study through a snowball effect. The fourteen members had various experience as a gambler and varied in gambling style.

Participants of the study were mostly male. A best effort was made to include more females into the study however; those who were approached declined or disclosed feeling uncomfortable to be interviewed. According to studies on gender who gamble, males are more likely to develop gambling problems than females (Potenza, et al. 2001).

The majority of participants indicated they were of Mexican race and all stated they knew at least three people in their inner social circle who could benefit from Spanish recovery programs. The frustration from the majority of the
participants was the lack of programs available, as members stated that if more were offered they would attend multiple times per week to remain abstinence from gambling.

First Bet

According to the participants of this study, slot machines were the preferred way to gamble. Research shows that with the advancement of new slot machine games, instead of choosing one line to bet, now the gambler has a choice to bet on multiple lines, upping their bets and increasing their odds. According to one study, for the problem gambler, this new format for betting on slot machines make them go into a state of disassociation like experience where they lose all attention to what is going on around them and remain in a trance fixated upon the number of lines offered to bet (Finlay et al. 2009; Templeton et al. 2014).

Past research shows that patterns of choice in wagering habits differ in gender. Stating that females prefer slot machines while men tend to take chance playing cards, horses and sports (Potenza, et al. 2001). In this study, seven of the twelve men interviewed, disclosed betting with cards, horses and sports during their first few years as a gambler. Three out of the seven participants switched to preferring slot machines, while four participants remained betting in the same manner.
Timing

Members shared a common theme explaining the importance of timing during the decision making process to access services. Past research studies support these statements made by the participants as depicting barriers for lack of information available at the opportune moment (McMillen et al. 2004; Hodgins and el-Guebaly 2000).

Focus Group Questions

Participant’s Feelings

The participants in this study all surpassed the fear, shame and embarrassment as reported in a study by Hodgins and el-Guebaly (2000), the three major barriers a problem gambler contemplates with is feelings of shame and embarrassment because they have lost control, unrealistic outlook causing feeling of denial, and feelings of pride as attempting to decrease and take control of the gambling on their own. Past studies documenting common traits of problem gamblers have found interventions are sought after a major crisis has interrupted their life such as financial, legal, relationship, or psychological factors (Mc Millen et al. 2004). Pride, shame and denial have been found to be the barriers that stop a person from receiving help (Pulford et al. 2009).

Language Barrier

In California, people who have limited English proficiency fall into a vulnerable group that may have a difficult time navigating and comprehending health care and mental health services. As a result, this group often receives
poor quality of care due to lack of understanding and navigating the system of care (Pippins JR, Alegria M, Haas JS, 2007). Same seems to be true for problem gamblers who chose to seek recovery programs in Spanish. An important factor to consider when addressing the needs of a community is to factor in the principal language used among the majority of those in need. In the case of San Bernardino and the Inland Empire, as per the datum presented in this study, chapter one, there is a lack of Spanish recovery program and a large population of Spanish speaking gamblers.

**Location of Services**

All participants agreed that finding a Spanish recovery program and having the means, such as transportation to attend, have been the key to their continued recovery. In a study that used the stages of behavior change, it was found that those entering the second stage, contemplation stage, there is approximately a six month window of opportunity for change, a period when the gambler is outweighing the pros and cons of gambling. In the preparation stage there is approximately 30 day window of opportunity for the gambler to begin inquiring about recovery programs. It is suggested in a research study that gamblers take measures such as alternative routes to avoid temptation, blocking web pages and refraining from socializing with people that may trigger a relapse (Prochaska and Velicer, 1997; Hodgins 2001; Wohl et al. 2008).
Realistic Expectation

The majority of the participants stated that they did not know what to expect upon entering a recovery program. The reason behind this dilemma could be related to the lack of public awareness and publication. Participants of recovery programs are considered consumer empowered programs and without consumers the recovery programs cannot continue to exist. A research study regarding the impact of patient participation indicated that adequate funding and, “a robust strategy in order to maintain growth and development” (Pollard, L., et al. 2014).

Inadequate Public Relations

The participants chosen for this study answered the questions based on their experience in a Spanish Gamblers Anonymous (SGA) group. It was not asked if anyone had participated in any other Spanish recovery programs, therefore the answers provided were all based on how they felt SGA publicized their services. Their concerns were valid. The website for SGA is not innovating and there is lack of appearance in advertisement throughout the city and through social media, as per review by researcher. Non-profit organizations are utilizing social media to help with quick and efficient advertising (Barns & Andonian, 2011). By using social media as an output tool to inform and education rather than discuss or ask for participation and input, nonprofits gain in presenting material to a vast public and producing awareness (Bortree and Seltzer, 2009, Lovejoy and Saxton, 2012 and Waters and Jamal, 2011)
A common theme presented in the findings was the notion that although a person gambles money, the loss of emotions; respect, dignity, love, self-respect, is the greater loss. Taping into the emotional loss of a gambler is the key to gaining members and should be considered when formulating strategies to gain the attention of a problem gambler or a family member of a problem gambler. The research shows that concerned family, friends and social connections are significant in linking the gambler to services. This was also true in this study, as more than 50% of members disclosed being obligated in some way to enter recovery program.

**Availability of Programs**

This study showed the importance of the continuous existence of recovery programs for gamblers due to the severity of the consequences and because as the participants stated, attending the meetings are part of the recovery process and most disclosed they had reached abstinence from gambling, not recovery. The risk of suicide ideation, intent, and plan was evident among a couple of participants of this study. The risk of not having available recovery programs can impaired interpersonal relationships, loss of employment, financial hardship, loss of housing, lack of attendance to daily living needs, physical and mental health care and possible altercations with the law (Dowling et al. 2009; Hodgins et al. 2006; Jackson et al. 1999; Kalischuk et al. 2006).
Lack of Community Support

Gambling problems are not simply a personal problem, but can expand in complexity and become a community problem (Rogers et al. 2005). According to a study by Shaffer et al. (2002), communities of lower economic status tend to produce higher risky behavior from community members, resulting in further disadvantage. The lack of community involvement was apparent in this study. As only a couple members could identify their community as resources for help.

Limitations

There were several limitations to this study. The main limitation was the time limit allotted for the study. Upon developing the study, it was the goal of the researcher to find current and past members of Spanish gamblers anonymous groups for the purpose of gaining different prospective from past members and explore the barriers of why they left. Due to time constraints the researcher was limited to remain within groups that were closely connected, for example, groups that were predetermined to meet. It was also a goal of the researcher to evaluate gamblers specifically in the Inland Empire due to the impoverish number of programs available for gamblers in that area per open casinos. The research showed the overwhelming popularity of the casinos in the Inland Empire and the lack of resources available. Due to time constraints, the researcher expanded the study to include members from other areas in Southern California.

Another limitation caused by the time limit of the study was the size of the focus groups. Originally, it was planned to have four focus groups with four
participants per group. Due to the time limit of the study, it became difficult to coordinate time and place of willing participants and the researcher met three out of the fourteen participants individually. Although, forming focus groups was the original design, the researcher discovered the power in meeting with participants individually. As discovered, individual interviews provided more in-depth answers as compared to those who joined the focus groups.

The study found that many of the participants did not want to seek recovery. The majority of the participants shared that they enjoyed gambling and only wanted seek help to gain control or because someone obligated them to go. Therefore, many of the focus group questions that included the suggestion that the participant initiated the seeking of the recovery program, was inaccurately approached. As discovered through analyzing the data, only two members sought completely on their own behalf.

The overall research in California and specifically in Southern California was limited. The researcher discovered many articles and research findings from Canada, Australia and Germany, which included longitudinal, qualitative and quantitative studies.

Recommendations for Social Work Practice, Policy and Research

Early intervention awareness, materials and programs are recommended for social work practice. A recommendation for social work policy, it is important to address the needs of problem gamblers entering the judicial system who have
committed crimes due to gambling for the purpose of gaining an understanding about recovery before reinstating back into society. As stated in the discussion of this study, when organizing advertisement or awareness materials, it has been recommended by the participants that future social workers and health practitioners use language that is specific to emotional loss and not on loss of finances. As the participants mentioned, it is not the loss of finances that made them agree to seek help, it was their internal emotional damage and that which affected their loved ones that brought them into a recovery program.

It is recommended for continued research regarding addressing the gambling problems within the Spanish speaking population in Southern California due to the continuous growth of Spanish speaking population entering the state vs. the growing access to large casinos being built. The reason for recommendation is for the purpose to discover best-fit intervention styles, pre-intervention or rehabilitation when addressing Spanish speaking populations from diverse communities.

Further research on the effects of gambling on concerned family members and social network need to be explored to discover new and innovative ways to intervene. Social media can be a great asset to linking direct/indirect services, distributing material of information and encourage help.

Conclusions

This qualitative study provided an opportunity to engage with active members of a Spanish recovery program in Southern California and explore their
barriers and motivators for accessing services. What the researcher discovered through the study was that most participants did not enter on their own behalf and the loss of money was not the reason for entering. It was the loss of dignity, self-worth and respect from loved ones. The frustration shared among all members was the lack of services that are offered as compared to English language programs. Also, members felt the Spanish programs needed to be proactive with the growth of technology advancement and social media. More research needs to be conducted in exploring community impact on Spanish speaking gamblers. Learning the barriers and motivators from current members of Spanish Gamblers Anonymous group served as empowering the group members, as each stated that spreading the word is part of the twelve step program, and it also served as a tool for social work professionals to use when reaching out to Spanish speaking communities in need of gambling recovery programs.
APPENDIX A

DEMOGRAPHIC QUESTIONS
1. ¿Cuál es su mes de nacimiento y año de nacimiento? What is your birth month and birth year?

2. ¿Cuál es su género / sexo? What is your gender/sex?

3. ¿Cuál es su origen étnico? What is your ethnicity?

4. ¿Cuál es su raza? What is your race?

5. ¿Cuál es su idioma principal? What is your primary language?

6. ¿Usted habla o entiende otro idioma? Si es así, ¿cuáles son? Do you speak or understand any other languages? If so, what are they?

7. ¿Cuál es su ciudad de residencia? What is your city of residency?

8. ¿Cuál es su código postal? What is your zip code?

9. ¿Cuánto tiempo ha vivido en los Estados Unidos? How long have you lived in the United States?
10. ¿Cuánto tiempo ha vivido en el Inland Empire? How long have you lived in the Inland Empire?

11. ¿Cuál es su ocupación? What is your occupation?
APPENDIX B

INDIVIDUAL QUESTIONS
1. ¿Cuándo (Mes / Año) fue la primera apuesta? When (Month/Year) did you first gamble?
   ________________________________________________________________
   ________________________________________________________________

2. ¿Qué ciudad ¿Juegas en? What city do you gamble in?
   ________________________________________________________________
   ________________________________________________________________

3. ¿Cómo juega? Marque todo lo que corresponda. How do you gamble?
   Check all that apply

<table>
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<th>Casino</th>
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4. ¿De la lista de arriba, o cualquier otra forma de juego, ¿tiene alguna preferencia? Si la respuesta es sí, ¿qué es? From the list above or any other form of gambling, do you have a preference? If the answer is yes, what is it?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
5. ¿Cuándo (Mes/Año) decidiste a buscar ayuda? When (Month/Year) did you decide to seek help?

________________________________________________________

_____________________________________________________

6. ¿Por qué decidió buscar ayuda? Why did you decide to seek help?

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

7. ¿Tuviste temores o reservas antes de participar en un programa de recuperación? Si la respuesta es sí, ¿qué eran? Did you have any fears or reservations before participating in a recovery program? If the answer is yes, what were they?

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

8. ¿Qué espera lograr de un programa de recuperación? What did you hope to gain from a recovery program?

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________
9. ¿Buscó ayuda por su cuenta o que alguien te ayudó? Did you seek help on your own or did someone help you?

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

10. ¿Participa actualmente en un programa de recuperación para los jugadores? Si la respuesta es no, ¿cuál fue su motivo para suspender la participación? Do you currently participate in a recovery program for gamblers? If the answer is no, what was your reason for discontinuing participation?

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________
APPENDIX C

FOCUS GROUP QUESTIONS
Su experiencia previa a la participación en un programa de recuperación para los jugadores:

Your experience prior to participation in a recovery program for gamblers:

1. Antes de entrar en un programa de recuperación, ¿sentiste alguna desaprobación o vergüenza viniendo de una persona o grupo de la sociedad sobre la recepción de ayuda? ¿En caso afirmativo, ¿cómo llegaste a través de él? Prior to entering a recovery program, did you feel any disapproval or shame coming from a person or group in society about receiving help? If yes, how did you get through it?

2. Fue encontrar un grupo que hablaba español importante o preferido para usted? En caso afirmativo, ¿por qué? Was finding a group that spoke Spanish important to you or preferred? If yes, why?

3. ¿Fue difícil encontrar un grupo de programa de recuperación en español? ¿Hubo obstáculos antes de asistir? ¿Cómo superó esos obstáculos? Were there any barriers in finding a Spanish recovery program? If yes, what were they and how did you overcome those barriers?

4. ¿Cuál era su plan, si los hubiere, en caso de que no encontró un programa de recuperación en español? What was your plan, if any, in case you did not find a Spanish recovery program?
5. Es la ubicación de los servicios importantes para usted? En caso afirmativo, ¿por qué?

*Is location of services important to you? If yes, why?*
Durante su experiencia en el programa de recuperación para los jugadores:
*Your experience as a current participant of a recovery program for gamblers:

1. ¿Cuál fue su primera impresión de el programa de recuperación? Y ha cambiado esa impresión? *What was your first impression of the recovery program? And has that impression changed?*

2. ¿Ayudó a que el programa de recuperación se encontraba en español? ¿Cómo y por qué? *Did it help that the recovery program was in Spanish? How and why?*

3. ¿Cómo ha ayudado al programa de recuperación a mantener la recuperación? *How has the recovery program helped you maintain recovery?*

4. ¿Cuáles son algunos de los factores que le ayudan a mantenerse en la recuperación? *What are some factors that help you stay in your recovery?*

5. ¿Ha sido tu familia de apoyo con usted durante la recuperación? Si es así, ¿qué han hecho? *Has your family been supportive to you during your recovery? If so, what have they done?*
6. ¿Ha sido tu comunidad de apoyo con usted durante el recuperación? Por ejemplo, la iglesia, la escuela, los centros de recursos, Si es así, ¿qué han hecho?

Has your community been supportive to you during your recovery? For example, church, school, resource centers, If so, what have they done?
Vida después de su experiencia en el programa de recuperación para los jugadores:
Your experience as a former participant of a Spanish recovery program for gamblers:

Las siguientes preguntas son para los participantes que ya no participan o la participación fue interrumpido en cualquier momento de su recuperación:
The following questions are for participants who no longer participate or participation was interrupted at any point in your recovery:

1. ¿Cuál fue la razón para salir del programa de recuperación? What was the reason for leaving the recovery program?

2. ¿Ha habido recaídas? Si es así, ¿qué tan pronto después de dejar el programa de recuperación? Si no, cómo mantiene la recuperación? Have there been any relapses? If so, how soon after leaving the recovery program? If not, how do you maintain recovery?

3. ¿Ha sido tu familia de apoyo con usted durante la recuperación? Si es así, ¿qué han hecho? Has your family been supportive to you during your recovery? If so, what have they done?
4. ¿Ha sido tu comunidad de apoyo con usted durante el recuperación? Por ejemplo, la iglesia, la escuela, los centros de recursos, Si es así, ¿qué han hecho? Has your community been supportive to you during your recovery? For example, church, school, resource centers, If so, what have they done?
Sugerencias para el futuro de los programas sobre recuperación para los jugadores en Español:
Suggestions for the future of Spanish recovery program for gambling:

1. ¿Conoces a alguien personalmente que podrían beneficiarse de un programa de recuperación en español para los jugadores, pero no lo hacen? En caso afirmativo, ¿cuál es su creencia de que les impide participar? *Do you know anyone personally that could benefit from a recovery program in Spanish for gamblers, but don’t? If yes, what is your belief that prevents them from participating?*

2. ¿Recomendaría un programa de recuperación en español a otra persona? ¿Por qué o por qué no? *Would you recommend a Spanish recovery program to someone else? Why or why not?*

3. ¿Cómo recomendaría llegar a las personas que hablan español y que buscan ayuda para dejar de jugar? Piense en su experiencia, ¿qué habría funcionado para usted? *How would you recommend reaching people who*
speak Spanish and looking for help to stop gambling? Think back to your experience, what would have worked for you?

4. ¿Qué cambiarías o añadir a un programa que ayuda a las personas con la recuperación de las adicciones al juego? What would you change or add to a program that helps people with recovery from gambling addictions?

5. ¿Si un grupo de programa de recuperación para los jugadores en español fuera para abrir en el Inland Empire asistiría usted? ¿En caso afirmativo, ¿por qué? Si no, ¿por qué no? If a Spanish recovery program for gamblers was to open in the Inland Empire would you attend as participant? If yes, why? If no, why not?

6. ¿Si un grupo de programa de recuperación para los jugadores en español fuera para abrir en la ciudad de San Bernardino asistiría usted? If a Spanish recovery program for gamblers was to open in the city of San Bernardino would you attend?
7. ¿Estaría usted dispuesto a ayudar a otros a encontrar la recuperación por ofrecer su tiempo para ayudar a los nuevos programas de recuperación españoles en su ciudad de residencia? ¿Por qué? Would you be willing to help other people find recovery by volunteering your time to help new Spanish recovery programs in your city of residency? Why?

• ¿Algo más que quieras agregar? Anything else you would like to add?
APPENDIX D

INFORMED CONSENT (ENGLISH)
Informed Consent

Thank you for agreeing to participate in a focus group to explore your experience as a member in a Spanish speaking recovery program for gamblers. Please feel free to ask the researcher any questions at any time. This research study is being conducted by graduate student Alicia Marenco under the supervision of Dr. Herb Shon, School of Social Work, California State University of San Bernardino.

This study has been approved by the School of Social Work Institutional Review Board Sub-committee of the California State University, San Bernardino and a copy of the official Social Work IRB stamp of approval appears on this consent before you participating in this study.

The purpose of this study is to explore your experience as a member of a Spanish speaking recovery program for gamblers in order to gain insight as to how it has helped you cope with problem gambling. The researcher will also ask for your feedback, suggestions and recommendations regarding the future of Spanish speaking gambling recovery programs.

You are eligible to participate in this research study because you are over the age of 21 and are a current or past member of a Spanish recovery program for gamblers in the United States.

Your participation will include being part of a small focus group with individuals who are also current or past members of a Spanish recovery programs for gamblers. The focus groups will have more than five participants. There will be a series of open ended questions that will be asked for the purpose of gaining information regarding your experience as a gambler and as someone who has self identified as a problem gambler.

Your participation in this study is voluntary and your name and contact information will be kept confidential and will not be presented in the data or final project.

You are free to decide not to participate in this study or to withdraw at any time. If you choose to participate in this study and decide to withdraw at any moment during the interview, please notify the project researcher. Upon your request to withdraw, all information pertaining to you will be destroyed and the interview will end. No further questions will be asked.

If you choose to participate, your name will not be used in the study. The researcher will assign you a numerical code in order to identify your statements. The audio tape and all transcribed information will be held in a confidential locked box and stored in a safe location with the researcher. Only the information obtained in the study will be reviewed by the researcher.

Please set aside an hour or so of your time to participate in public meetings.

Please note that your name is directly involved.

Your participation is voluntary and contribute to the understanding of the purpose of research.

An audio tape will be used for the purpose of research.

The information will be kept confidential.

I understand this.

If you have any questions, feel free to contact Herb Shon.

If you would like to discuss the findings when you are done.

I acknowledge the purpose of this study.
APPENDIX E

INFORMED CONSENT (SPANISH)
Consentimiento Informado

Gracias por aceptar participar en un grupo de enfoque para explorar su experiencia como miembro de un grupo de programa de recuperación para los jugadores en español. Por favor, sentése libre de pedir el investigador alguna pregunta en cualquier momento. Este estudio de investigación está siendo realizado por el estudiante graduado Alicia Marenco bajo la supervisión Dr. Herb Shon, Escuela de Trabajo Social, Universidad Estatal de California San Bernardino.

Este estudio ha sido aprobado por la Escuela de Trabajo Social de la Junta de Revisión Institucional Sub-comité de la Universidad del Estado de California en San Bernardino y una copia del sello oficial IRB Trabajo Social de aprobación aparece en este consentimiento antes de participar en este estudio.

El propósito de este estudio es explorar su experiencia como miembro de un grupo de programa de recuperación para los jugadores, que se realizó en español, para poder obtener una visión de cómo un grupo de programa de recuperación le ayuda a lidiar con problemas con el juego. El investigador también le pedirá su opinión, sugerencias y recomendaciones con respecto a grupos de programa de recuperación.

Usted es elegible para participar en este estudio de investigación porque usted tiene más de 21 años y es un miembro actual o pasado de un grupo de programa de recuperación para los jugadores en español de los Estados Unidos.

Su participación incluirá formar parte de un pequeño grupo de discusión con personas que también son miembros de un programa de recuperación para los jugadores de habla hispana. Los grupos de enfoque no tendrán más de cinco participantes. Habrá una serie de preguntas abiertas que se le harán con el propósito de obtener información sobre su experiencia como jugador y como alguien que ha sido identificado como un jugador con problemas.

Su participación en este estudio es voluntaria y su nombre e información de contacto se mantendrá confidencial y no se presenta en los datos o proyecto final.

Usted es libre de decidir no participar en este estudio o de retirarse en cualquier momento. Si decide participar en este estudio, decidir retirarse en cualquier momento durante la entrevista, por favor notifique al investigador del proyecto. A su solicitud para retirar, toda la información relativa a usted será destruida y la entrevista va a terminar. No habrá más preguntas.

Si decide participar, su nombre no será utilizado en el estudio. El investigador le asignará un código numérico para poder identificar sus declaraciones. La cinta de audio y toda la información transcrita se llevarán a cabo en una caja cerrada confidencial y
almacenada en un lugar seguro con el investigador. Sólo la información obtenida en el estudio será revisado por los supervisores, profesores y colegas del investigador. También se puede presentar en las reuniones públicas. Su identidad se mantendrá estrictamente confidencial en todo momento.

Por favor, dejar de lado una hora y media de ser parte del grupo de enfoque. La entrevista no tomará más de dos horas como máximo.

Por favor, tenga en cuenta que posible que experimente algunas molestias al responder las preguntas con respecto a sus sentimientos sobre el juego y cómo se convirtió en un problema en su vida. Sin embargo, no existen riesgos previsibles de daño. Una vez más, usted es libre de retirarse de la participación en cualquier momento sin preguntas y todos los datos recogidos a partir serán destruido.

Su participación en este estudio puede beneficiar el futuro estructuración de programas de recuperación y contribuir a la investigación sobre el problema del juego.

Una cinta audio será utilizada para capturar la información y retroinformación que usted proporciona con el propósito de informar declaraciones precisas de todos los participantes. Su información de contacto inicial se destruirá a término de la entrevista de audio.

Entiendo que esta investigación será grabadora de audio. Iniciales ________________

Si usted tiene alguna pregunta acerca de este estudio o le gustaría hablar con alguien que no participan directamente el estudio de investigación, puede comunicarse con la Escuela de Trabajo Social (Dr. Herb Shon hshon@csusb.edu o 909-537-5632).

Si usted desea recibir una copia del informe final de este estudio (o un resumen de los resultados) cuando se haya completado, puede comunicarse con Pfaul Biblioteca en 909-537-5091.

Reconozco que se me ha informado de, y entiendo la verdadera naturaleza y el propósito de este estudio.

Marca ____________________________
Fecha ________________

909.337.5501

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APPENDIX F

FLYER
¿Es usted un jugador?

Lotería
Carreras de Caballos
Cartas/Poker
Casino
Bingo
Internet
Deportes

¿Entiendes lo que se siente al jugar todo tu dinero?

¿Entiendes lo que es sentir dolor emocional?

¿Te gustaría poder contar con el apoyo de un programa de recuperación que habla español?

¿Vives en el Inland Empire?
San Bernardino, Riverside, Corona, Norco, Chino, Ontario, Montclair, Claremont, Temecula, Murrieta, Lake Elsinore, Redlands, Grand Terrace, Highland, Colton, Rancho Cucamonga, Pomona, Upland

Con tu ayuda, podemos entender las necesidades de los jugadores que hablan español y lo que necesitan para obtener ayuda.

Estamos recolectando información de las personas que entienden lo que es jugar y buscar ayuda.

Este estudio es confidencial y toda la información obtenida se mantendrá en privado para garantizar su identidad. Por favor, póngase en contacto con Alicia 909-762-1694 para más información.

Este estudio ha sido aprobado por la escuela de sub-comité de trabajo social de la CSUSB IRB.
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